



TEXAS DEPARTMENT OF HEALTH  
LICENSING AND ENFORCEMENT DIVISION

RECERT

BUDGET 7B708  
FUND: 126  
LICENSE #:

CERTIFIED FOOD MANAGEMENT PROGRAM  
RECERTIFICATION LICENSE APPLICATION

(Health and Safety Code (HSC), Chapter 438, Subchapter K)

Return both the completed application and **non-refundable fee** made payable to the  
TEXAS DEPARTMENT OF HEALTH in the envelope provided or mail to:  
Texas Department of Health, P. O. Box 149200, Austin, Texas 78714-9200.  
You may visit our website at: [www.tdh.state.tx.us/bfds/](http://www.tdh.state.tx.us/bfds/)

Please note that a separate application package is required for each program (i.e. Certification, Recertification, Test Site). Contact this office at (512) 719-0232 for the correct application.

Name of Business Applying to Operate Program: \_\_\_\_\_

Name of Contact Person (Program Sponsor) : \_\_\_\_\_

Physical Address of Program: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

Telephone # at physical address: \_\_\_\_\_

Program's Fax #: \_\_\_\_\_

Program's Email Address: \_\_\_\_\_

Program's Website (URL): \_\_\_\_\_

**NON-REFUNDABLE CERTIFICATION FEES (Check one only):**

**G** Initial Fee - \$300.00

**G** Annual Renewal Fee - \$300.00

**G LATE FEE** - A person who files for renewal after the license expiration date must pay an additional \$100.00

**ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE**

**SECURITY AGREEMENT STATEMENT BY DESIGNATED PROGRAM SPONSOR:** I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Texas Department of Health (TDH) and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets issued to me upon request of the TDH. I further understand that failure to comply with the terms of this agreement may constitute just cause for program review and/or revocation of the Certificate of Accreditation.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

**G** OWNER

**G** PARTNER

**G** PRESIDENT

**G** CORPORATE DESIGNEE / AGENT

Date

Printed Name & Title

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of company.

**G New**

Start Date: \_\_\_\_\_

**G Amended**

**G Change of Ownership**

Enter the date the change was/is effective:

**G Change of Location**

**G Change of Name**

Date: \_\_\_\_\_

**G Other:**

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

**G Renewal**

Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

**G Notice that firm is out of business. I choose not to renew my Certification, Recertification and/or Test Site License(s).**

**TRAINING METHODS: \*(Required for Certification & Recertification programs only).**

**G Classroom**

**G CD**

**G Internet**

**G Other (please ecify):** \_\_\_\_\_

**EXAMINATION: \*Only Department Approved Examinations may be utilized.**

**G State Examination**

**G Internet**

**G National Examination (please specify):** \_\_\_\_\_

**G Other (please specify):** \_\_\_\_\_

**INSTRUCTORS:** List name of each instructor who will teach for the program and attach completed application(s). For persons who are already Texas certified, list their CFM instructor number and expiration date: **\*(Required for Certification & Recertification programs only).**

**Name**

**Instructor #**

**Expiration Date**

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**ACCREDITATION INFORMATION:** The following information needs to be provided only on initial application or if revisions have been made since the initial application was submitted. **\*(Required for Certification & Recertification programs only).**

**G Completed Instructor Application(s)** (unless instructor is already Texas certified)

**G State Exam Booklet Order Form** (if needed)

**BILLING INFORMATION:**

Billed to: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

♦ **ALLOW 4-6 WEEKS PROCESSING TIME**

♦ **FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY ACCREDITATION**

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**